

Name: Michele Kimberly Harris | DOB: 7/21/1972 | MRN: E1404634304 | PCP: Raja Anand, MD | Legal Name: Michele Kimberly Harris

## Progress Notes

Dr. R Seagrave at 11/12/2024 8:19 AM

**MERCY SPRINGFIELD ORTHOPEDIC HOSPITAL**  
**3050 East River Bluff Road, Ozark Missouri 65721**  
**417-820-5610**

**PATIENT NAME:** Michele Kimberly Harris  
**CSN:** 752104308  
**MRN:** E1404634304  
**DOB:** 7/21/1972  
**PROVIDER:** Richard Augustus Seagrave III, MD  
**PCP:** Anandaraiah, Rajamanikkam, MD

**DATE OF SERVICE: 11/12/2024**

**HISTORY OF PRESENT ILLNESS:** Michele Kimberly Harris is a 52 y.o. female here with her husband for continued treatment of her bilateral knee pain. She has known bilateral DJD and a right knee medial meniscus tear. At her last visit we discussed getting approval for viscosupplementation. She is still in the process of trying to get this approved. She is having some continued pain and discomfort in her bilateral knees. She would like to move forward with bilateral steroid injections today.

**PAST MEDICAL HISTORY:**

### Past Medical History:

## Diagnosis

Date \_\_\_\_\_

- Arthritis
- Back pain
- Depression
- Eye injury
- GAD (generalized anxiety disorder)
- GERD (gastroesophageal reflux disease)
- Head injury
- Hypertension
- Migraine
- Obstructive sleep apnea  
*does not use the cpap*
- PTSD (post-traumatic stress disorder)

**PAST SURGICAL HISTORY:**

**Past Surgical History:**

## Procedure

## Laterality

Date \_\_\_\_\_

- | Procedure   | Laterality | Date      |
|---|------------|-----------|
| • HX CESAREAN SECTION   |            |           |
| • HX KNEE ARTHROSCOPY   | Left       | 4/29/2024 |
| <i>KNEE ARTHROSCOPY performed by Seagrave III, Richard Augustus, MD at SPRG ORTHO HOSPITAL OR</i>               |            |           |
| • PR ARTHRS KNE SURG W/MENISCECTOMY   | Left       | 4/29/2024 |
| MED/LAT W/SHVG  |            |           |
| <i>KNEE MENISCECTOMY ARTHROSCOPIC performed by Seagrave III, Richard Augustus, MD at SPRG ORTHO HOSPITAL OR</i> |            |           |

Medication	Sig	Dispense	Refill
• busPIRone (BUSPAR) 7.5 mg Tablet	TAKE 1 TABLET(7.5 MG) BY MOUTH THREE TIMES DAILY	90 Tablet	0
• amLODIPine (NORVASC) 10 mg tablet	Take 1 Tablet (10 mg) by mouth daily.	90 Tablet	0
• blood sugar diagnostic Strip	Use to check blood sugar daily	100 Each	3
• meclizine (ANTIVERT) 25 mg tablet	Take 1 Tablet (25 mg) by mouth 3 times daily as needed for Dizziness.	30 Tablet	0
• famotidine (PEPCID) 20 mg tablet	Take 1 Tablet (20 mg) by mouth 1 time daily as needed for Other (See Comment) (Acid Reflux).	90 Tablet	0
• naproxen (NAPROSYN) 500 mg tablet	Take 1 Tablet (500 mg) by mouth 2 times daily with meals.	30 Tablet	1
• budesonide-formoterol (SYMBICORT) 80-4.5 mcg/actuation HFA Aerosol Inhaler	Take 2 Puffs by inhalation 2 times daily.	10.2 Gram	5
• Blood-Glucose Meter Kit	Use to check blood sugar	1 Each	0
• lancets 30 gauge	Use to check blood sugar	100 Each	3
• albuterol sulfate HFA 90 mcg/actuation aerosol inhaler	Take 2 Puffs by inhalation every 6 hours as needed.		
• gabapentin (NEURONTIN) 300 mg capsule	Take 300 mg by mouth 1 time daily as needed.		
• lidocaine (LIDODERM) 5 % Adhesive Patch, Medicated	Remove Old patch and apply 1 new patch to skin DAILY; 12 hours ON AND 12 HOURS off		
• ondansetron (ZOFTRAN) 4 mg Tablet	Take 4 mg by mouth every 8 hours as needed.		
• topiramate (TOPAMAX) 25 mg tablet	Take 25 mg nightly for 1 week, then 25 mg twice a day for 1 week, then 2 tablets twice a day.	180 Tablet	1

**ALLERGIES:** No Known Allergies  
**SOCIAL HISTORY:**  
**Social History**

**Socioeconomic History**

- Marital status: Married
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

**Occupational History**

- Not on file

**Tobacco Use**

- Smoking status: Former
- Average packs/day: 0.3 packs/day for 4.0 years (1.0 ttl pk-yr)
- Types: Cigarettes
- Start date: 1990
- Smokeless tobacco: Never

**Vaping Use**

- Vaping status: Never Used

**Substance and Sexual Activity**

- Alcohol use: Not Currently
- Comment: occasional*
- Drug use: Yes
- Frequency: 21.0 times per week
- Types: Marijuana
- Sexual activity: Not on file

**Other Topics**

- Not on file

**Social History Narrative**

*Married. 3 daughters. Disabled*

**Social Determinants of Health**

Financial Resource Strain: Not on File (4/24/2024)

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Financial Resource Strain

- Financial Resource Strain: 0

Food Insecurity: Not on File (9/26/2024)

Received from OCHIN

Food Insecurity

- Food: 0

Transportation Needs: Not on File (4/24/2024)

Received from OCHIN

Transportation Needs

- Transportation: 0

Social Connections: Not on File (9/12/2024)

Received from OCHIN

Social Connections

- Connectedness: 0

Intimate Partner Violence: Not At Risk (4/29/2024)

Intimate Partner Violence

- Patient has indicated abuse: : No

Housing Stability: Not on File (4/24/2024)

Received from OCHIN

Housing Stability

- Housing: 0

**PHYSICAL EXAMINATION:****Height:****Ht Readings from Last 1 Encounters:**

11/12/24      5' 1" (1.549 m)

**Weight:** Weight: 87.3 kg (192 lb 6.4 oz) (11/12/24 0814)

**BMI:** Body mass index is 36.35 kg/m<sup>2</sup>.

**GENERAL APPEARANCE:** no acute distress, alert, oriented x 3, appropriate mood and affect, looks stated age, completely nontoxic appearing in no acute distress.

**PSYCHIATRIC:** appropriate mood and affect,

**HEENT:** PERRL, conjunctiva/ lids clear, neck supple, no thyromegaly, bruits or masses

**RESPIRATORY:** They exhibit a normal work of breathing on room air, with good chest wall expansion.

**NEUROLOGICAL:** Lower extremities: Light touch: Intact

**CARDIOVASCULAR:** Pulses: strong and equal bilaterally; Circulation: warm, well perfused, brisk capillary refill

**EXTREMITIES:** MUSCULOSKELETAL EXAM:

**Bilateral knee exam:** The patient has effusions bilaterally worse on the left. She has relatively full range of motion. She is tenderness over the medial and lateral joint line. Ligamentously stable throughout.

**RADIOGRAPHIC FINDINGS:** No new films

**ASSESSMENT:**

1. Bilateral knee DJD

**PLAN:**

1. We had a lengthy discussion about the diagnosis with the patient and explained the approach to evaluation and risks and benefits of available treatment options.
2. At this point organ to proceed with bilateral steroid injection. I think this is the best treatment plan for her. She does have a meniscus tear but she did not get much relief from the other side. She mentions today that she may have a diagnosis of rheumatoid arthritis however she has labs from 2020 that did not show this. I do not see any other documentation of any sort of rheumatoid arthritis. She is getting injections of the wrist by Dr. Moore. I think we can send her back to Dr. Moore for this wrist injections as well as continued knee injections as I do not think doing any further surgery is gonna give her all that much predictable benefit. We proceeded with bilateral knee injections today.

The risks and benefits of injection were discussed with the patient at length. The risks include but are not limited to local irritation, infection, blood sugar changes, skin color changes, and atrophy of the surrounding tissue. After an explicit discussion, the patient elected to proceed with the injection.

**Procedure:**

The patient's bilateral knees were prepped with Chloraprep solution. The entire contents of 1 mL of Celestone and 1 mL of 0.25% Marcaine was injected intra-articularly without complication. The patient tolerated this well.

The patient voices understanding, all questions were answered prior to leaving the clinic today.

**Richard Augustus Seagrave III, MD**  
Orthopedic Sports Medicine

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